U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only  READ THE INSTRUCTIONS CAREFUL  READ THE INSTRUCTION CAREFUL  READ THE I	ULLY BEFORE PREPARING THIS REPORT.	
1. File Number U - 3266	2. Fiscal Year Covered From:	
Programme concernment.	1 / 1 / 2005 Through: 12 / 31 / 2005	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name LARRY E FLUKE	Name UAW INTERNATIONAL UNION	
-	Labor Organization File Number 00014	
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 59327 WHITE CLOUD CIRCLE	Street 8000 EAST JEFFERSON AVE	
City SOUTH BEND	City DETROIT	
State Indiana ZIP Code + 4 46614	State Michigan ZIP Code + 4 48214	
A. Held an interest in, engaged in transactions (including loans) with, a monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street		
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed  On 03/14/2006 (574) 251-0298		
Jany Jan	Date Telephone Number	

Name of Person Filing LARRY FLUKE	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name SIMERI'S OLD TOWN TAP  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 1505 WEST INDIANA AVE.  City SOUTH BEND  State Indiana ZIP Code + 4 46613	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.  SUPPLIED FOOD AND REFRESHMENTS TO UAW LOCAL 5 ELECTION COMMITTEE ON 3 SEPARATE OCCASIONS.  11.b. Approximate dollar value of such dealing. \$968  12.a. Nature of interest held or income received.  WIFE IS OWNER OF SIMERI'S OLD TOWN TAP.		
Street  City  State  ZIP Code + 4			
	12.b. Amount.		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	17.D. Milouit of payment.	* ************************************	